

on the second day). Since the fifth day, convalescence went on quite smoothly. In 12 days the wound healed *per primam*, except the site of the stump, where some suppuration occurred. About 2 months after the operation the woman was discharged in best health.—The microscopical examination (made by Prof. I. F. Klein) showed that the new growth had a very complex structure: it was a “fibromyoma lipomatodes sarcomatodes”—that is, it consisted of non-striated muscle fibres (principally derived, probably, from the round hepatic ligament), fatty cells, and sarcomatous elements (to which the rapid growth of the tumor might be attributed), with consecutive tissue stroma.—*Vratch*, No. 27, 1890, p. 594.

IV. Case of “Ideal” Cholecystotomy. By PROF. NIKOLAI V. SKLIFOSOVSKY (Moscow, Russia). A previously always healthy well-nourished married lady æt. 43 years had been suddenly seized with an excruciating pain at a point in 2 fingers’ breadth to the right from the navel. In about four days the pain had as suddenly ceased, but shortly afterwards (in August, 1889), the lady had noticed at the said spot a painless lump of the size of a pigeon’s egg which had begun to ever grow larger since December, 1889. On examination in March, 1890, there was detected an indolent, tense, oblong, conically-pointed movable tumor extending from a line in a finger’s breadth below the right costal arch downwards a point in 3 fingers’ breadth below, and 2 to the left from, the navel. The swelling tumor (diagnosed as a distended-gall bladder) was exposed by a vertical incision along the outer edge of the right rectus abdominis. The cystic duct proved to be blocked up by a stone. All attempts at displacing the concretion having failed, the gall-bladder was opened by a vertical incision 4 centim. long, and, after removal of the contents (210 cub. 4. of thickly slimy fluid resembling a rice decoction), the stone dislodged and extracted. The bladder was then thoroughly washed out with 0.1% solution of corrosive sublimate, and the cystic wound closed with deep and superficial fine silk sutures, after which the organ was dropped into the abdominal cavity, and the abdominal wound similarly closed with stitches. The after course was “reproachless,” the wound sound-

ly healing about the eleventh day (without any fever). On the fifteenth the patient left the clinic, having been ordered to wear a supporting abdominal bandage for a year. The stone had an ovoid form, measured 3x2 cm. and weighed 7.5 grammes, its surface being studded with elevations of the size of a hemp seed.—*Vratch*, No. 27, 1890, p. 593.

VALERIUS IDELSON (Berne).

V. The Minute Changes in the Formation of the Umbilical Ring. By DR. W. HERZOG (Munich). Author was induced to undertake the above investigations on account of the peculiar relation existing between the umbilical cicatrix and the hernia in umbilical herniæ. The cicatrix in the majority of the cases is found not on the vertex of the tumor but at the inferior pole of the same on a level with the abdominal walls. Author had a series of sections in fetuses beginning at the fourth month of foetal life, to full term. These sections included the abdominal wall, the vein and the umbilical artery as far as the bladder. The most striking fact first noticed was the extraordinary thickness of the adventitia of the vessels. The adventitia of the artery at the very earliest period is 2 or 3 times the thickness of the remaining coats. The tissue of the adventitia is that of loose embryonal connective tissue, exactly similar to the adventitia of the artery of the umbilical cord. The muscular layer is but scant in distribution and extent. The elastic intima in this artery is entirely wanting. The lumen of the vessel on this account is marked by small dilatations and contractions. The above described adventitia is directly continuous with the tissue of the cord.

This can be well seen as the artery enters the cord at the ring. This adventitia loose connective embryonal tissue, which at first is loosely connected with the abdominal ring, becomes converted at a later period just before birth, into firm connective tissue so that the arteries at the umbilical ring are firmly united by this tissue to the sheaths of the recti and to the fibrous expanse of tissue perforated between the recti by the cord. With the veins the conditions are different. The adventitia seen in the arteries is not present. The vein is made up